

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35287

1. PLACE OF DEATH  
97 County Saline Registration District No. 796  
5 Township Marshall, Mo. Primary Registration District No. 3938  
7 City Marshall, Mo. St. Marshall Ward 1st

2. FULL NAME Charles Arthur Thompson

(a) Residence, No.        St.        Ward.         
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>OCT 2</u> , 19 <u>33</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Finley</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 1</u> , 19 <u>33</u> , to <u>Oct 2</u> , 19 <u>33</u> I last saw <u>him</u> alive on <u>Oct 1</u> , 19 <u>33</u> Death is said to have occurred on the date stated above, at <u>4 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Sub Disphragmatic</u> <u>23A</u> <u>129</u> <u>Chronic Pul FBC</u> Other contributory causes of importance: <u>20</u> <u>Obstructed</u> <u>Aug 30</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1900 -</u>				Date of onset		
7. AGE	YEARS <u>30</u>	MONTHS <u>-</u>	DAYS <u>-</u>	If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labrer</u>					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>" "</u>					
	10. Date deceased last worked at this occupation (month and year) <u>" "</u>					
11. Total time (years) spent in this occupation <u>" "</u>						
12. BIRTHPLACE (CITY OR TOWN) <u>Carroll, Mo.</u> (STATE OR COUNTRY)						
FATHER	13. NAME <u>Charles Thompson</u>					
	14. BIRTHPLACE (CITY OR TOWN) <u>Carroll, Mo.</u> (STATE OR COUNTRY)					
MOTHER	15. MAIDEN NAME <u>Unknown</u>					
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)					
17. INFORMANT <u>Mrs. N. J. Finley</u> (ADDRESS) <u>Marshall, Mo.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Hall</u> DATE <u>Oct. 3</u> , 19 <u>33</u>						
19. UNDERTAKER <u>J. L. Surges</u> (ADDRESS) <u>Marshall, Mo.</u>						
20. FILED <u>10/3/33</u> , 19 <u>33</u> <u>Walter Page</u> <u>Deputy Registrar.</u>						
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Yes</u> Date of injury <u>Aug 30</u> , 19 <u>33</u> Where did injury occur? <u>Chronic Pul FBC</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Yes</u>						
Manner of injury <u>Chronic Pul FBC</u> Nature of injury <u>Chronic Pul FBC</u>						
24. Was disease or injury in any way related to occupation of deceased <u>No</u> If so, specify <u>Chronic Pul FBC</u> (Signed) <u>Walter Page</u> , M. D. (Address) <u>Marshall, Mo.</u>						

NOV 10 1933

